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JUDYANN BIGBY, M.D.
Secretary

October 23, 2008

Speaker Salvatore F. DiMasi, Massachusetts House of Representatives
President Therese Murray, Massachusetts Senate
Chairwoman Patricia A. Walrath, Joint Committee on Health Care Financing
Chairman Richard T. Moore, Joint Committee on Health Care Financing
Chairman Robert A. DeLeo, House Committee on Ways and Means
Chairman Steven C. Panagiotakos, Senate Committee on Ways and Means

Dear Senators and Representatives:

Pursuant to section 132 of Chapter 58 of the Acts of 2006, I am pleased to provide the General Court with the latest 60-day report on the Patrick Administration's progress in implementing Chapter 58. The last two months have brought significant advancement in the implementation of Chapter 58 as we continue to meet the deadlines for various provisions of the law and enroll people in health insurance at historic rates.

The Patrick Administration has reached an agreement in principle with the Centers for Medicare and Medicaid Services (CMS) to renew the 1115 waiver. The $21.2 billion waiver agreement brings $4.3 billion in new federal funds to the Commonwealth over the next three years and preserves existing eligibility and benefit levels, including Commonwealth Care at 300% of the federal poverty level, for FY09. Commonwealth Care enrollment, as reported in Section 2, remained stable with approximately 170,000 beneficiaries. An estimated 33% of new enrollees make monthly premium contributions. With a strengthened commitment from our federal partners, the Patrick Administration will be able to continue to provide access to high-quality health insurance to individuals who had previously been uninsured.

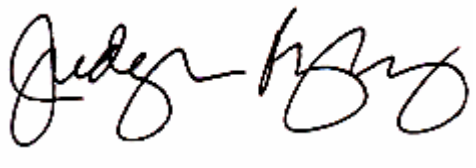
The past two months have also been noteworthy for the improvement of the Employer Fair Share contribution requirement. The Division of Health Care Finance and Policy (Section 7) revised contribution standards to require companies with more than 50 full-time equivalent employees to enroll at least 25% of their full time workers in their

employer sponsored group health plan and to make a contribution of at least 33% of the cost of the premium. Firms covering 75% of eligible workers or those with 50 or fewer eligible employees are exempt from changes, which will go into effect on January 1, 2009. While the Patrick Administration remains mindful of the concerns of the employer community, it is essential that all of us continue to share in the commitment and success of health care reform.

Looking ahead to the next 60-day period, the Patrick Administration will focus on cost containment strategies. The Connector Authority continues work on the development of the Contributory Plan for sale to small employer groups and anticipates launching a pilot version in early November. The Health Care Quality and Cost Council (Section 8) website is in the final stages of preparation to launch its Quality and Cost website, which is expected to debut later this fall and will represent a significant first-step in transparency initiatives.

If you would like additional information about the activities summarized in this report, please do not hesitate to contact me or my staff.

Sincerely,



JudyAnn Bigby, M.D.

cc: Senator Richard R. Tisei
Representative Bradley H. Jones
Representative Ronald Mariano
Representative Robert S. Hargraves

Chapter 58 Implementation Report
Update No. 15

Governor Deval L. Patrick

Lieutenant Governor Timothy P. Murray

Secretary of Health and Human Services
JudyAnn Bigby, M.D.

October 14, 2008

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Section 1: MassHealth Update

The Office of Medicaid reports the following progress on Chapter 58 initiatives:

Insurance Partnership
MassHealth successfully implemented an increase in the income limit for eligibility in the Insurance Partnership from 200% to 300% of the federal poverty level (FPL), on October 1, 2006. This expansion allowed a larger number of low-income Massachusetts residents who work for small employers to participate in the IP program. As of September 2008, there are over 7,925 policies through the Insurance Partnership with close to 17,435 covered lives. More than 6,279 employers participate in the program.

Children's Expansion up to 300% FPL
On July 1, 2006, MassHealth implemented expansion of MassHealth Family Assistance coverage to children in families with income greater than 200%, and up to 300% of the FPL. As of August 2008, there were 55,600 children enrolled in Family Assistance, up from 30,000 in June 2006. Approximately 21,100 of those children are new members and/or converted Children's Medical Security Plan members enrolled as a result of the income expansion.

MassHealth Essential
Effective July 1, 2006 the enrollment cap for MassHealth Essential was increased from 44,000 to 60,000. This allowed MassHealth to enroll more than 12,000 applicants who were on a waiting list at that time. As of August 2008, Essential enrollment was 63,400.

EOHHS Outreach and Enrollment Grant Programs
The FY09 state budget has appropriated $3.5 million for a MassHealth outreach grant program. The grant program will award grants to community and consumer-focused public and private non-profit organizations for activities including outreach, enrollment, application assistance and annual open enrollment and eligibility review processes. Grants will also focus on providing education to new enrollees on how to use their health insurance and the importance of establishing strong primary care community connections to manage their health needs. Outreach and enrollment will be directed at both subsidized and non-subsidized state-enabled health care programs.

MassHealth plans to post a new RFR to solicit proposals from qualified bidders to perform these activities. It is anticipated that the RFR will be posted to Comm-Pass in the fall. Selected grant recipients are targeted to be announced in the late fall.

In the interim, the previous grant cycle direct service grantees were offered a short-term grant award to continue the important outreach and enrollment

activities while a new RFR process takes place. The short-term grant contracts were executed in late August. Short-term contract period is from August 15, 2008-November 14, 2008.

The seven network coordination outreach grantees continue to build upon and coordinate outreach and enrollment activities within their networks. Monthly reporting indicates that the composition of these networks is very diverse including organizations that traditionally conduct outreach and enrollment activities along with organizations that have significant general public traffic but have not traditionally performed outreach and enrollment work. The lead organizations are making in-roads on establishing referrals within the networks to ensure uninsured individuals are being directed to organizations that can help them understand the available health insurance options and help with enrollment. Each network grantee is compiling a high-level fact sheet about their network. Information will include network membership and respective focus, strengths, strategies and geographic service area. Grantees are conducting activities throughout the '08 calendar year.

Health Care Reform Outreach and Education Unit

The Health Care Reform Outreach and Education Unit, as required in line item 4000-0300 of the FY08 budget, has been formally established in the Office of Medicaid, to coordinate statewide activities in marketing, outreach, and dissemination of educational materials related to Health Care Reform and to collaborate with the Executive Office of Administration and Finance, the Department of Revenue, the Division of Insurance, and the Commonwealth Health Insurance Connector Authority to develop common strategies and guidelines for providing informational support and assistance to consumers, employers, and businesses.

The Unit's overall functions currently include: supporting and managing EOHHS Outreach and Enrollment Grant Programs; supporting and managing Training and Technical Assistance to community providers, partners, and grantee organizations around health care reform policy and program changes; coordinating and collaborating with state agencies around health care reform policies, and messaging and outreach activities.

<u>Training and Technical Assistance to Providers</u>
The Unit currently manages and supports the MassHealth Training Forum program. This program holds quarterly training sessions in five regions of the state to providers and partners in the community on the latest program and policy changes relevant to health care reform. The Unit is responsible for assisting in identification of presentation topics and updates and the coordination of finalizing these educational materials. The July quarterly progress report indicates that 500 participants attended the July sessions. Presentation topics included:

MassHealth policy update, Health Safety Program updates, Virtual Gateway streamline renewal updates, and enhanced Coordination of Benefits overview.

October presentation topics will include Commonwealth Choice and Commonwealth Care program updates, Health Safety Net technical regulation changes update, MassHealth policy updates, MassHealth Disability Determination Services process and program update, New Medicaid Management Information System implementation update and information about the individual mandate intersect with the upcoming tax filing season.

State Agency Collaboration

The Unit continues to meet with various state agencies to collaborate around outreach and dissemination of educational materials. The Unit has met with the Connector, Division of Health Care Finance and Policy, Department of Revenue, Department of Public Health, and Department of Transitional Assistance, Office of Refugee and Immigrants and the Division of Unemployment Assistance and is making strides on building stronger collaborative partnerships. These collaborative efforts are increasing agency to agency awareness around various processes and efforts across the secretariat as well as identifying important information to disseminate to providers, partners and grantees.

Section 2: Connector Authority Update

The Connector continues to make progress in implementing many of the important initiatives contained in the health care reform law.

Commonwealth Care
As of September 1st, 169,043 individuals were enrolled in Commonwealth Care. 55,213 of these members (33% of the total) are responsible for paying a monthly premium.

Transition planning for the new customer services and premium billing vendor, Perot Systems, is underway. The Connector anticipates completing the transition process in early November 2008.

Commonwealth Choice
As of September 1st, 18,723 individuals have obtained coverage through Commonwealth Choice. This figure includes 14,663 subscribers and 4,060 dependents. Commonwealth Choice Voluntary Plan subscribers, those who are purchasing health insurance on a pre-tax basis through their employer, account for 1,084 of the total.

Work continues on the development of the Contributory Plan for sale to small employer groups. The Connector anticipates launching a piloted version in early November. The first effective date for coverage purchased through a Contributory Plan is anticipated for January 1, 2009.

Additional Updates

Minimum Creditable Coverage
Connector staff have drafted proposed revisions to the regulations on minimum creditable coverage. The creditable coverage standard is the lowest threshold health benefit plan that a resident must obtain and maintain in order to be considered in compliance with the individual mandate. A public hearing on the draft regulations occurred in September, and it is anticipated that the Connector's Board of Directors will vote on the revised regulations at its October meeting.

Outreach and Communications
A successful "Connector Day at Fenway" event was held before the Red Sox game at Fenway Park on Monday, September 22nd – an invaluable opportunity to engage in outreach to a large audience and to recognize some of our partners. Connector staff members have participated in a number of other community-based outreach events, most recently in Mattapan and Chicopee.

In addition, the Connector's Sales & Marketing team has begun a series of statewide seminars on employer obligations and opportunities under Health Care

Reform, which focuses on the anticipated launch of the Commonwealth Choice Contributory Plan option in November. Audiences will include business groups, consulting and brokerage firms, and local/regional chambers of commerce. These seminars will continue through mid-Fall.

Appeals

The Connector's Appeals Unit has reviewed all tax year 2007 mandate penalty appeals that have been received to date. Hearings for those cases that merit further attention will conclude on October 31st. Denial letters have begun to be processed and are expected to be completed by December 1st. Looking ahead, the Connector has begun discussion with the Department of Revenue on implementing the new mandate penalty appeals process for tax year 2008, which will entail month-to-month calculations.

Section 3: Individual Mandate Preparations

The Department of Revenue (DOR) reports the following progress on Chapter 58 initiatives:

Uninsured Taxpayer Data:
DOR is planning to provide additional information on data it received from uninsured taxpayers based on their Tax Year 2007 tax filings. Specifically, the data will provide a breakdown of uninsured taxpayers based on income, age, gender and location. This data is expected to be released in the fall.

Outreach:
To date, DOR has mailed over 100,000 letters to taxpayers who indicated on their return that they did not have health insurance, resulting in a loss of their personal exemption. This letter highlights the higher penalties for 2008 and opportunities to purchase affordable coverage.

Tax Year 2008 Preparations:
Activities to implement the individual mandate process for Tax Year 2008 are underway. DOR is working with insurance carriers and employers to refine the Form MA 1099-HC requirements for Tax Year 2008. DOR is also working on a revised Schedule HC for Tax Year 2008, which taxpayers will use to document compliance with the individual mandate. The Schedule HC will be made available for public comment in early Fall. In addition, DOR expects to release further guidance to taxpayers on the permitted 63-day lapse of coverage in 2008.

Section 4: Health Safety Net Trust Fund and Essential Community Provider Trust Fund Grants

Health Safety Net Trust Fund Regulations

The Division of Health Care Finance and Policy implemented the Health Safety Net Trust Fund in October 1, 2007. The regulations can be found on the Division's website, www.mass.gov.dhcfp. Regulation 114.6 CMR 13.00 addresses eligibility criteria for reimbursable services, the scope of health services eligible for reimbursement from the fund, the standards for medical hardship, the standards for reasonable efforts to collect payments for the cost of emergency care and the conditions and methods by which hospitals and community health centers are paid by the fund.

The Division also implemented regulation 114.6 CMR 14.00 Health Safety Net Payments and Funding. This regulation sets out the conditions and methods by which acute hospitals and community health centers can file claims for services and receive payments from the Health Safety Net Trust Fund. The regulation implements the requirements of Chapter 58 to pay hospitals based upon claims using a Medicare based payment method. The regulation also implements the requirement that the Health Safety Net Trust Fund pay community health centers using the Federally Qualified Health Center visit rate. The regulation can be found on the Division's website, www.mass.gov.dhcfp under regulations, 114.6 CMR 14.00.

Effective July 1, 2008, the Division adopted technical corrections and clarifications to regulations 114.4 CMR 13:00 Health Safety Net Eligible Services and 114.4 CMR 14.00 Health Safety Net Payments and Funding.

The Division recently proposed amendments to the regulations that govern the Health Safety Net. Amendments to regulation 114.6 CMR 13.00 Health Safety Net Eligible Services were largely technical clarifications. Amendments to regulation 114.6 CMR 14.00 Health Safety Net Payments and Funding set out adjustments to the HSN payment system to more closely reflect the Medicare based system required by the health care reform law. A public comment period was conducted for the eligibility regulation and a public hearing was conducted on September 11, 2008 for the payment regulation. Regulations were adopted and took effect on October 1, 2008.

Essential Community Provider Trust Fund

Another responsibility of the Health Safety Net Office under Chapter 58 and as amended by Chapter 118G Section 35 (b)(6) is to administer the Essential Community Provider Trust Fund. The purpose of this fund is to improve and enhance the ability of hospitals and community health centers to serve populations in need more efficiently and effectively including, but not limited to, the ability to provide community-based care, clinical support, care coordination services, disease management services, primary care services and pharmacy

management services. Selection criteria include the institution's financial performance; the services they provide for mental health or substance abuse disorders, the chronically ill, elderly, or disabled; and the pace, payer mix, prior years awards, cultural and linguistic challenges, information technology, twenty-four hour emergency services and extreme financial distress.

The Division of Health Care Finance and Policy, working with the Executive Office of Health and Human Services, developed a grant application process and scoring/review system similar to the process employed last year. For 2007, the process considered applicants' financial and essential characteristics in order to determine grant allocation amounts from the $28 million dollar fund. A cover letter, grant application and instructions were sent to providers and posted on EOHHS/DHCFP websites on July 13, 2007. Hospital and community health center applications were due on July 31, 2007. Over 80 hospitals and community health centers have applied and requested over $108 million in funding.

A supplemental budget appropriation passed by the legislature and approved by the Governor included additional funding of $9.5 million for the Essential Community Provider Trust Fund, for a total of $37.5 million.

In October 2007, the EOHHS announced 69 provider grants from the Essential Community Provider Trust Fund. The distribution of grants awards included:

- Twenty-five acute care hospitals for a total of $26.7 million representing approximately 72% of the funding available. The average grant award was $1.1 million

- One non-acute care hospital received a $2 million grant. This represents approximately 5% of the total funding available.

- Forty-three community health centers received a total of $8.8 million. The average grant award is $205,000 representing approximately 24% of the funding available.

The Division has contracted with all 69 hospitals and CHCs and has distributed approximately $37.2 million of the total $37.5 million in funding as of June 6, 2008. All providers are required to complete a standard report on the use of the funds in February and in April. These reports are reviewed by the Division and used to determine the timing of any additional payments to providers from the ECPTF. All providers except for one facility have submitted the final standard report on the use of the funds for FY 2008 to the Division.

FY 2009 Essential Community Provider Trust Fund

The Division is currently working with EOHHS and MassHealth to develop the application and evaluation process for the FY 2009 ECPTF. The plan includes sending instructions and an application to all hospitals and community health centers. This information will also be posted on EOHHS/HCF websites. Providers will have 2 to 3 weeks to apply for the funding. The ECPTF is funded at $25M in FY 2009. This is less than the total funding of $37.5M in FY 2008, however the ECPTF language requires EOHHS to maximize allowable federal reimbursement under Title XIX. EOHHS and HCF are currently examining available options to maximize FFP. As required by Chapter 182 § 88(d) of the Acts of 2008, a report summarizing the distribution plan for the ECPTF for FY 2009 and the extent to which expenditures may qualify for federal financial participation was provided to the House and Senate Ways and Means in mid September. EOHHS is still considering other options that may further increase federal financial participation matching on this fund.

Section 5: Public Health Implementation

Community Health Workers (CHWs)
Community health workers are critical to the ongoing success of Health Care Reform. Under Section 110 of Chapter 58, the Massachusetts Department of Public Health (MDPH) is required to make an "investigation relative to a) using and funding of community health workers by public and private entities, b) increasing access to health care, particularly Medicaid-funded health and public health services, and c) eliminating health disparities among vulnerable populations."

The *Community Health Worker Advisory Council* is chaired by MDPH Commissioner John Auerbach and was first convened in August, 2007. It has met quarterly since. In addition to the fourteen named organizations in the legislation, fifteen other organizations were identified as key stakeholders and have participated in the Council, yielding a working body including officials of multiple state agencies and representatives from the state community health worker (CHW) association, health providers, insurance, higher education, employers, CHW training organizations, and advocates. The Council was divided into four sub-committees; each of which met frequently to address legislative mandates:

- The **Research Workgroup** investigated the impacts of CHWs on increasing access to health care, quality of care, health outcomes, system costs, and eliminating health disparities among vulnerable populations. The workgroup employed a combination of quantitative and qualitative methods.
- The **Survey Workgroup** developed, administered and analyzed the results of a CHW employer survey that addressed the use and funding of CHWs by public and private organizations in Massachusetts. Conducted under contract with the University of Massachusetts Medical School, the survey was completed by CEOs or senior program managers of 187 eligible employers across the state.
- The **Workforce Training Workgroup** assessed the current status of CHW training in the Commonwealth, and developed recommendations related to workforce development, including a CHW training curriculum and a statewide certification program. Toward this end, the Workforce Training Workgroup conducted a range of activities to gather information to assist with the development of recommendations.
- The **Finance Policy Workgroup** developed recommendations for public and private sector funding for a sustainable statewide CHW program.

A Steering Committee also met almost weekly from March through June to coordinate the work of the different sub-committees. The CHW Advisory Council's final report is in production.

Section 6: Insurance Market Update

Health Access Bureau

Chapter 58 of the Acts of 2006 directs the Division of Insurance to establish a Health Care Access Bureau within the Division of Insurance. The actuary and research analyst are in place and working on projects. The Bureau continues to work to recruit a financial analyst. The Bureau has contracted with outside actuaries to develop targeted reports.

Minimum Standards and Guidelines

Chapter 58 of the Acts of 2006 directs the Division of Insurance, in consultation with the Connector, to establish and publish minimum standards and guidelines at least annually for each type of health benefit plan provided by insurers and health maintenance organizations doing business in the Commonwealth. The Division of Insurance is developing guidelines, working with the Connector, the insurance industry and other interested parties and plans to publish standards in 2008. The Division of Insurance will finalize guidelines after the Connector releases revised Minimum Creditable Coverage regulations.

Section 7: Employer Provisions

Division of Health Care Finance and Policy

Division of Health Care Finance and Policy (DHCFP) reports the following progress on implementation of the requirements imposed on employers by Chapter 58.

Employer Fair Share Contribution

The Division of Health Care Finance and Policy adopted 114.5 CMR 16.00: Employer Fair Share Contribution on September 8, 2006. This regulation governs the determination of whether an employer makes a fair and reasonable premium contribution to the health costs of its employees, as required by Chapter 58. The Division has determined that Section 16.03 (2) (a), "Employee Leasing Companies," requires clarification. Under that section, employee leasing companies will be required to perform the fair share contribution tests separately for each client company. Although the employee leasing company is responsible for collecting and remitting the Fair Share Contribution on behalf of its client companies, the client company is responsible for any Fair Share Contribution liability.

The Division of Unemployment Assistance held a public hearing on its proposed regulations governing the administration and collection of the Employer Fair Share Contribution. The regulations were subsequently adopted.

The Division of Health Care Finance and Policy proposed amendments to regulation 114.5 CMR 16.00, which governs the Employer Fair Share Contribution. The proposed amendments would have required employers of eleven or more full time equivalent workers to enroll at least 25% of their full time workers in their employer sponsored group health plan and to make a contribution of at least 33% of the cost of the premium. A public hearing on the proposed regulation was held on September 5, 2008. At the hearing, businesses expressed concern with some aspects of the proposal. After considering the testimony, the division modified the proposal and adopted the regulation on September 30, 2008. The regulation is effective January 1, 2009 and allows employers of 50 or fewer full time equivalent (FTE) workers to satisfy the Fair Share requirements by meeting either the 25% enrollment standard or the 33% contribution standard. Employers with more than 50 FTE's must meet both the enrollment and contribution requirements unless the employer's enrollment percentage is equal to or greater than 75%. The regulation also changes the test from an annual basis to a quarterly basis as required by Chapter 302 of the Acts of 2008.

Employer Surcharge for State-Funded Health Costs

The Division of Health Care Finance and Policy initially adopted Regulation 114.5 CMR 17.00: Employer Surcharge for State Funded Health Costs on December 22, 2006, with an effective date of January 1, 2007. This regulation implemented the provisions of M.G.L. c. 118G, § 18B. Following enactment of Chapter 450 of the Acts of 2006 on January 3, 2007, the Division repealed this regulation. Chapter 450 changed the effective date of M.G.L. c. 118G, § 18B from January 1, 2007 to July 1, 2007.

The Division adopted regulation 114.5 CMR 17.00 on an emergency basis on July 1, 2007. The regulation reflects the amended legislation, clarifying that a "non-providing employer" subject to surcharge is an employer that does not comply with the requirement in M.G.L. c. 151F to offer a Section 125 cafeteria plan in accordance with the rules of the Connector. The effective date of the regulation is consistent with the July 1, 2007 effective date of the Section 125 cafeteria plan requirement implemented by the Connector. The Division conducted a public hearing on the emergency regulation on September 6, 2007 and has subsequently certified the regulation.

Health Insurance Responsibility Disclosure

The Division of Health Care Finance and Policy initially implemented M.G.L. c. 118G, § 6C through its adoption of 114.5 CMR 18.00: Health Insurance Responsibility Disclosure. It was adopted as an emergency regulation effective January 1, 2007, but subsequently repealed the regulation. Chapter 450 of the Acts of 2007 changed the effective date of M.G.L. c. 118G, § 6C from January 1, 2007 to July 1, 2007.

The Division adopted regulation 114.5 CMR 18.00 Health Insurance Responsibility Disclosure on an emergency basis on July 1, 2007. The regulation incorporates the provisions of Chapter 324 which significantly reduce the amount of information the Division is required to collect from employers. In addition, only employees that have declined to enroll in employer sponsored insurance or to participate in a Section 125 cafeteria plan are required to sign an Employee HIRD form. Employers will retain Employee HIRD forms and will submit them upon request by either the Division of Health Care Finance and Policy or the Department of Revenue. The Division has posted a copy of the Employee HIRD on its website at:
http://www.mass.gov/Eeohhs2/docs/dhcfp/g/hcr/employee_hird_08.pdf
The Division conducted a public hearing on the emergency regulation on September 5, 2007 and subsequently certified the regulation.

Division of Unemployment Assistance

The Division of Unemployment Assistance at the Executive Office of Labor and Workforce Development reports the following progress on the implementation of provisions of Chapter 58 affecting employers.

Employer Fair Share Contribution (FSC)

As of early October 2008, the majority of employers who received notice to file from DUA in 2007 have completed their on-line 2007 Fair Share Contribution report. Enforcement efforts continue in order to obtain delinquent filings from the remaining employers.

The second annual FSC filing period began on October 1, 2008, for the 12-month FSC liability determination period from 10/1/07 – 9/30/08. The timely filing due date for this year's filing is November 15, 2008.

Following the enactment of Chapter 302 of the Acts of 2008 on August 8, DUA began the process of revamping its FSC procedures, notices, and automated systems to accommodate the transition to a quarterly filing and liability determination schedule. The first quarterly report by employers will cover the period 10/1/08 – 12/31/08, and will be due early in 2009.

DUA is also preparing for the implementation of the new regulations promulgated by the Division of Health Care Finance and Policy, which introduces more stringent criteria for employers with over 50 full-time equivalent employees to meet the test for making a fair and reasonable contribution to its employees' health care coverage. The new test criteria will take effect on January 1, 2009, and will be reflected in filing and payment activity due in May of 2009.

Section 8: Health Care Quality and Cost Council

FY 2009 Priorities

At its June 30, 2008 retreat, held at Worcester State College, the Health Care Quality and Cost Council established two over-arching priorities for state fiscal year 2009:

1) Successfully launch and expand the Council's consumer-friendly health care quality and cost information website; and
2) Develop a Roadmap to Cost Containment for the Commonwealth of Massachusetts.

Website Development

The Council made considerable progress toward developing a website that will provide comparative cost and quality information about health care services in a user friendly format, as required by M.G.L. c.6A, s.16L. The website will initially include quality and cost information for up to 20 common inpatient hospital conditions and procedures and 20 common outpatient diagnostic procedures, as well as overall hospital patient safety and patient experience measures. Over time, the Council will expand the data available on its website to include additional cost and quality measures calculated from its claims dataset, including measures for a broad range of health care facilities and services.

Health Care Data

Council staff sent each hospital and each health plan its own data for review in order to ensure that the data displayed on the website is accurate. Health plans and hospitals verified that, overall, the data is accurate. Council staff are verifying responses from health plans and hospitals identifying individual data elements as non-comparable to the state as whole.

Web Application Development

The Council's Web Application Developer, Medullan, Inc., built the web application in accordance with the Council's design specifications. The Council's Clinical Consultant, Dr. John Freedman; its Health Literacy Consultant, Helen Osborne; and its Communications vendor, SolomonMcCown, worked together to draft text for the site to explain the data presented on each page.

Medullan implemented recommendations from the Council, the Council's Advisory Committee, and members of the Health Care for All consumer quality group to improve the web application's ease of use. Medullan has demonstrated that the website will meet accessibility standards required by the Americans with Disabilities Act.

The website is in the final stages of development, which entails dataset validation and system testing.

Roadmap to Cost Containment

Last year, the Health Care Quality and Council established a goal to reduce the annual rise in health care costs to no more than the unadjusted growth in Gross Domestic Product (GDP) by 2012.

The Council is committed to developing a “Roadmap to Cost Containment” by June 30, 2009 to demonstrate in concrete terms how the Commonwealth could accomplish this goal. The purpose of the Roadmap is to identify specific changes in the organization, delivery, financing and/or regulation of health care in Massachusetts that will enable the Commonwealth to achieve this cost containment goal; to recommend strategies and timelines for implementing those changes; and to build broad support for this plan. The Council will submit this Roadmap to the legislature for consideration.

The Council selected a Roadmap Director vendor to guide and coordinate the work of the Council and its Committees in developing the Roadmap. This vendor will help to organize and facilitate the Roadmap development, including ensuring participation from a broad cross-section of stakeholders and using critical data to inform the Council’s deliberations and recommendations.

Section 9: STATUTORY CHANGES TO CHAPTER 58 SINCE ENACTMENT

The Legislature has enacted four amendment bills since Chapter 58 first became law in 2006. The most recent amendment bill enacted was Chapter 305 of the Acts of 2008, which aimed to build on health care reform by promoting cost containment, transparency and efficiency initiatives. It focused on systemic challenges in the Commonwealth and encouraged further innovation in the development of long-term quality and cost improvement strategies.

Prior to Chapter 305, the Legislature enacted Chapter 205 of the Acts of 2007 to ensure that health care reform works as intended. It addressed some operational challenges encountered or anticipated by state and independent agencies charged with implementing various aspects of reform.

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